


FORM PTO-1449A
INFORMATION DISCLOSURE CITATION

 Attorney Docket:
1232-5163

 Serial No.:
10/665,953

 Applicant:
Ito et al.

 Filing Date:
09/19/03

 Group Art Unit:
2622

U.S. PATENT / PUBLICATION DOCUMENTS

Examiner Initial		Patent/Publication Number	Publication/Issue Date	Name	Filing Date
/WN/	1.	6,269,446	07/31/01	Schumacher et al.	
/WN/	2.	2001/21251	09/13/01	Kasai	
/WN/	3.	2002/129255	09/12/02	Tsuchiya et al.	
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				
	13.				
	14.				

FOREIGN PATENT DOCUMENTS

Examiner Initial		Patent Number	Publication Date	Country	Copy Filed	Translation
/WN/	15.	WO 00/64094	10/26/00	PCT	<input checked="" type="checkbox"/> Yes	N/A
/WN/	16.	EP 0984615	03/08/00	EPO	<input checked="" type="checkbox"/> Yes	N/A
/WN/	17.	JP 10-107788	04/24/98	Japan	<input checked="" type="checkbox"/> Yes - Abstract Only	Abstract Only
	18.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	19.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	20.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No

Examiner

/Wanda Negron/

Date Considered

01/17/2008

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP §609.
 Draw line through citation if not in conformance and not considered.
 Include copy of this form with next communication to Applicant.

FORM PTO

Attorney Docket:
1232-5163Serial No.:
10/665,953

INFORMATION DISCLOSURE CITATION

Applicant:
Ito et al.Filing Date:
September 19, 2003Group Art Unit:
2622

U.S. PATENT / PUBLICATION DOCUMENTS

Examiner Initial		Patent/Publication Number	Publication/Issue Date	Name	Filing Date
	1.				
	2.				
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	13.				
	14.				

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Examiner Initial		Patent Number	Publication Date	Country	Copy Filed	Translation
WN/	15.	JP 2000-209426	07/28/00	JP	<input checked="" type="checkbox"/> Yes	Abstract Only
	16.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	17.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	18.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	19.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	20.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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